

<b>Case Number:</b>	CM13-0062040		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50-year-old female with a date of injury of 08/31/2011. The listed diagnoses per [REDACTED] are: 1. Vertigo. 2. Sprain/strain cervical spine with disk bulge. 3. Sprain/strain thoracic spine with contusion. 4. Sprain/strain of lumbar spine. 5. Herniated nucleus pulposus of the lumbar spine. 6. Spondylolisthesis at L4-L5 and L5-S1. 7. Contusion of the left knee. 8. Contusion of the left shoulder. 9. S/P left shoulder SAD/DCR. According to report dated 11/05/2013 by [REDACTED], the patient presents with continued lumbar spine complaints. [REDACTED] concurs with [REDACTED] recommendation for spinal surgery. Orthopedic consultation report dated 09/09/2013 by [REDACTED] reports the MRI study showed "high grade 1 to 2 spondylolisthesis at L4-L5 level with bilateral pars defect at that level. There is also narrowing at L5-S1 with bilateral pars defect." Physical examination revealed decreased sensation at the L5 distribution. Straight leg raise is positive bilaterally. The patient requires a cane for ambulation. Diagnostic studies confirmed a grade 1 to 2 spondylosis at L4-L5 and x-rays show minimal grade 1 spondylolisthesis at L5-S1. [REDACTED] states patient is a candidate for lumbar stabilization at L4 to S1, anterior and posterior fusion is required. MRI of the lumbar spine dated 02/08/2013 revealed at level L5-S1 disk desiccation. There is 1- to 2-mm diffuse posterior disk bulge, bilateral facet arthropathy is noted. There is suggestion of bilateral pars interarticularis defect. No evidence of central stenosis is noted. Lateral and subarticular recesses are within normal limits. Neuroforamina demonstrate no evidence of narrowing. There is no evidence of nerve impingement. No evidence of annular tear is noted. Posterior elements are unremarkable. L4-5 revealed grade 1 anterolisthesis of L4 over L5 with bilateral pars defects. There is a 5mm extruded disc causing partial narrowing of the neural foramina.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

### **INPATIENT 3 DAY STAY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines On Hospital Stay For Lumbar Surgery.

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician is requesting a anterior and posterior spinal fusion at L4 to S1 and 3 day inpatient stay. The ACOEM and MTUS guidelines do not discuss hospital stay. Therefore, ODG guidelines were referenced. ODG guidelines have the following on Hospital stay for Lumbar surgery, "Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications." For lumbar fusion the median stay is 3 days, best practice target with no complications is 3 days. In this case, the spinal fusion has been indicated and the requested 3 day inpatient stay is warranted. Recommendation is for approval.

### **NEURAL MONITORING INSTRUMENTATION: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Has The Following On Intraoperative Neurophysiologic Monitoring (During Surgery), Recommended During Spinal Or Intracranial Surgeries When Such Procedures Have A Risk Of Significant Complications.

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician is requesting an anterior and posterior spinal fusion at L4 to S1 with neural monitoring instrumentation. The ACOEM and MTUS do not discussion neural monitoring. Therefore, ODG guidelines were referenced. ODG has the following on Intraoperative neurophysiologic monitoring (during surgery), "Recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiologic monitoring." ODG further states, "Although high quality evidence supporting the use of monitoring in cervical, thoracic, and lumbar spinal surgeries is lacking, intraoperative neurophysiologic monitoring during spine surgery is currently accepted as standard practice for many procedures and should be used at the discretion of the surgeon to improve outcomes of spinal surgery." ODG supports the use of neurophysiologic monitoring during surgery and recommends it be used at the discretion of the surgeon to improve the outcome of the surgery. Recommendation is for approval.

**MEDICAL CLEARANCE (CONSULT VASCULAR SURGEON) & ASSISTANT:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician is requesting an anterior and posterior spinal fusion at L4 to S1 and a post op medical clearance. Given the surgery has been approved, a medical clearance prior to surgery is medically necessary and recommendation is for approval.

**BRACE BONE STIMULATOR:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG further states, there is conflicting evidence, so case by case recommendations are necessary. for criteria the following are recommended per odg: 1. one or more previous failed spinal fusion; 2

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician requests a lumbar bone stimulator for post operative use. ODG guidelines states Bone Growth Stimulators are under study. ODG further states, "There is conflicting evidence, so case by case recommendations are necessary." For criteria the following are recommended per ODG: 1. One or more previous failed spinal fusion; 2. Grade III or worse spondyloisthesis, 3. Fusion to be performed at more than one level, 4.current smoking habit, 5. Renal disease, diabetes, alcoholism or 6. Significant osteoporosis." This patient has been authorized for a multilevel spinal fusion. The bone stimulator is recommended by ODG when fusion is performed at more than one level. The requested Bone Stimulator is medically necessary and recommendation is for approval.

**3 IN 1 COMMODE, WALKER:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines Have The Following Under Durable Medical Equipment, Most Bathroom And Toilet Supplies Do Not Customarily Serve A Medical Purpose And Are Primarily Used For Convenience In The Home.

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician is requesting a three in one commode, presumably for post operative use. The ACOEM and MTUS guidelines do not discuss commodes. ODG guidelines have the following under Durable Medical Equipment, "Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home." Recommendation is for this equipment as the patient is being scheduled for lumbar surgery and the patient will have a challenging recovery period. Recommendation is for authorization.

**URINE DRUG SCREEN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - ODG Guidelines Have The Following Regarding Urine Drug Screen

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician is requesting a urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Medical records reviewed from 05/29/2013 to 11/05/2013 do not indicate the patient has had a urine drug screen in the last year. Once yearly is recommended by ODG. Recommendation is for approval.

**Home Health Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Services Page(s): 51.

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician is requesting a home health evaluation. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the physician is requesting an evaluation for possible home health aide services after patient's lumbar surgery. An evaluation given the patient's surgical status is reasonable and recommendation is for approval.

**ANTERIOR POSTERIOR SPINAL FUSION L4-S1 GRAFT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents with continued lumbar spine complaints. The physician is requesting a anterior and posterior spinal fusion at L4 to S1 graft. ACOEM guidelines have the following regarding lumbar fusion (p307), "Except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." ODG guidelines provide additional discussion regarding fusion surgery. ODG considers fusion surgery reasonable for "Neural Arch Defect-Spondylolytic spondylolisthesis." In this patient, there is evidence of bilateral spondylolysis with grade 1-2 spondylolisthesis at L4-5, along with an extruded disc. The proposed two-level fusion is also appropriate given spondylolisthesis noted on X-rays at this level as well. Recommendation is for authorization.